

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

1351
Lobbyist's Registration Number**Instructions**

1. Print in ink or type.
 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
 3. This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5-14-07

SU PP

1070298

SCANNED

JUL 10 2007

By: CO

@ 6/21/07 MOD

1. NAME BAUMANN ROBERT H
Last First MI2. BUSINESS PHONE 225-328-03303. BUSINESS ADDRESS 1152 Kimbro Dr. Baton Rouge, LA 70808
Street and No. City State ZipMAILING ADDRESS SAME
Street and No. City State Zip4. EMPLOYER Petroleum Connections5. EMPLOYER'S ADDRESS SAME
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Adams & Reese LLP
 Address One Shell Square 701 Poydras St. Suite 4500, New Orleans, LA 70139
 Business or purpose Law Firm

☒ New RepresentationDoes this person pay you? Yes

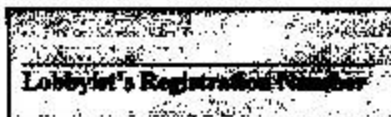
If No, who pays you? _____

☐ Terminated Representation as of _____

2007 MAY 14 AM 9:40

LITIGATION
CAMPBELL FINANCE
RECEIVED

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation

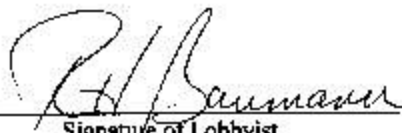
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist